

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000701

FILED
Jan 10, 2011
Secretary of State

Entity Name: PORT ORANGE FAMILY DAYS COMMUNITY TRUST, INC.

Current Principal Place of Business:

1000 CITY CENTER CIRCLE
PORT ORANGE, FL 32127

New Principal Place of Business:

1999 CITY CENTER CIRCLE
PORT ORANGE, FL 32129

Current Mailing Address:

POST OFFICE BOX 290610
PORT ORANGE, FL 32127

New Mailing Address:

POST OFFICE BOX 290610
PORT ORANGE, FL 32129

FEI Number: 59-3533607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORAN, THEODORE R
444 SEABREEZE BLVD., STE. 800
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DS
Name: MCCALL, DEBRA
Address: 553 GERTRUDE LANE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: DP
Name: EVANS, JOHN
Address: 433 N PALMETTO AVE
City-St-Zip: SANFORD, FL 32771

Title: EVP
Name: JILL, GEDDY
Address: 1806 NORTH PENINSULA AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DT
Name: LASKY, ROBIN
Address: 5947 DORAVILLE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: DVP
Name: CONNORS, DEBBIE
Address: 3431 RIDGEWOOD AVE
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JILL GEDDY

EVP

01/10/2011

Electronic Signature of Signing Officer or Director

Date